

10 February 1983

MEMORANDUM FOR: Deputy Director for Intelligence

SUBJECT : Alcohol Program

1. A number of issues have arisen which prompt me to bring them to your attention with a view toward enlisting the aid of the deputy directors in resolving some of these problems. The views presented here are the views of the entire Alcohol Program staff- [redacted] and myself. [redacted] is presenting these same issues to the DDO, Mr. John Stein, on Friday.

STAT  
STAT

2. We are now confronted with the issue of making this an overall agency program (which was the original intent) with centralized management, centralized funding, and centralized programming and on-going continuity and development.

Policy - At the present time there is no Agency policy. [redacted] which had established some basic policy considerations expired last February. It was issued under the signature of the DD/A and not the DDCI or DCI.

STAT

Confidentiality - We have recently learned that the Director of OMS has agreed to furnish the Director of Security with the names of all identified alcoholics. This comes about as a result of a forthcoming PEB involving a case of alcoholism. Confidentiality is a key feature of any alcohol or EAP program whether public or private. Any breach of this feature assures the destruction of the program as an aid to the afflicted employee. None of the present alcohol program staff will continue with the program if this becomes operative.

On-going Program - The problems of alcoholism will always be with us. The best we can do is heighten awareness through educational programs and assist supervisors and individuals with the problems of getting appropriate treatment at the earliest possible time to avoid the more serious problems which come later. Therefore, if the CIA is to have an effective program it must be on-going in terms of the persons it reaches. It must also be innovative in terms of the various clientele including family members.

Independent Program - The CIA Alcohol Program came into being through the efforts of two DDO officers and one DDI officer all of whom were recovered alcoholics.

At no time did the Office of Medical Services evince any interest in having such a program. In the beginning they were of the opinion that the agency had no serious alcohol problem with no more than perhaps 13 to 15 alcoholics. Those of us who pressured for the program knew better of course and that judgement has been more than vindicated by the Agency case load of over [ ] persons at this writing.

STAT

The Office of Medical services has clearly demonstrated that it neither understands the problem nor is willing to support the program as an Agency program. In fact the attitude it manifests and the arguments it uses to keep the program fragmented all testify to a lack of understanding of what is really involved.

We know that the DDCI, Mr. John McMahon, is vitally interested in this program. Mr. McMahon's wife is a professional alcoholism counselor so it is reasonable to suppose that the DDCI has a better than average knowledge of some of the problems of alcoholism. I recently suggested to Mr. McMahon that our experience indicated that what we needed was an Employee Assistance Program rather than a program dealing only with alcohol since we were asking supervisors to refer trouble employees without diagnosing. When supervisors see failing performance but do not know for certain the problem, they are reluctant to refer to an "alcohol Program". This is part of the supervisory feedback that we get and it is constant and consistent.

The entire alcohol program staff is of the opinion based on our total experience working with agency managers, afflicted individuals, and dependents of employees who are afflicted, that this program would do far better in terms of accomplishing its fundamental objectives of returning employees to optimal performance if it were an independent entity operating at the DCI level. If CIA wants this to be an effective program operating in the best interests of management and the employees this will be necessary. We therefore request the support of all the deputy directors in this endeavor and we intend to make Mr. McMahon aware of these concerns. We know that Mr. McMahon has talked with the Director and Deputy Director of OMS but we also know that these two individuals know very little about the program and its operation. The only person in OMS who can be said to be qualified to represent this program on a medical level is [ ] [ ] If we were to become an independent entity we would require a medical director. There is a very qualified medical person presently on-board who would be interested.

25X1  
25X1

STAT